

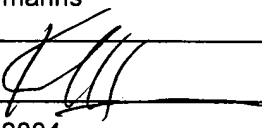
**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	09/986,130
Filing Date	November 7, 2001
First Named Inventor	Wolfram Fleck
Art Unit	1745
Examiner Name	Thomas H. Parsons
Attorney Docket No.	130309.459

**ENCLOSURES (check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Copy of Power of Attorney, Revocation, and Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input checked="" type="checkbox"/> Copy of Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ):<br><u>Copy of Notice of Non-Compliant Amendment</u><br><u>Copy of Schedule A to Revocation Documents (5 pages)</u> |
|--|---|---|

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Karl R. Hermanns	Customer Number <b>00500</b>
Signature		
Date	January 5, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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